

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

LOWELL S. GOIN, M. D.....President
 PHILIP K. GILMAN, M. D.....President-Elect
 E. VINCENT ASKEY, M. D.....Speaker
 PHILIP K. GILMAN, M. D.....Council Chairman
 JOHN W. CLINE, M. D..Chairman, Executive Committee
 GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor
 JOHN HUNTON.....Executive Secretary

EDITORIAL BOARD

Chairman of the Board:

Albert J. Scholl, Los Angeles

Executive Committee:

Lambert B. Coblentz, San Francisco
 Fred D. Heegler, Napa
 Albert J. Scholl, Los Angeles
 George W. Walker, Fresno

Anesthesiology:

H. R. Hathaway, San Francisco
 Ernest H. Warnock, Los Angeles

Dermatology and Syphilology:

William H. Goeckerman, Los Angeles
 H. J. Templeton, Oakland

Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco
 L. G. Hunnicutt, Pasadena
 George W. Walker, Fresno

General Medicine:

Lambert B. Coblentz, San Francisco
 L. Dale Huffman, Hollywood
 Mast Wolfson, Monterey

General Surgery (including Orthopedics):

Frederic C. Bost, San Francisco
 Fred D. Heegler, Napa
 William P. Kroger, Los Angeles

Industrial Medicine and Surgery:

John D. Gillis, Los Angeles
 John E. Kirkpatrick, Shasta Dam

Plastic Surgery:

William S. Kiskadden, Los Angeles
 George W. Pierce, San Francisco

Neuropsychiatry:

Olga Bridgman, San Francisco
 John B. Doyle, Los Angeles

Obstetrics and Gynecology:

Daniel G. Morton, San Francisco
 Donald G. Tollefson, Los Angeles

Pediatrics:

William W. Belford, San Diego
 William C. Deamer, San Francisco

Pathology and Bacteriology:

Alvin J. Cox, Jr., San Francisco
 R. J. Pickard, San Diego

Radiology:

R. R. Newell, San Francisco
 Henry J. Ullmann, Santa Barbara

Urology:

Lewis Michelson, San Francisco
 Albert J. Scholl, Los Angeles

Pharmacology:

W. C. Cutting, Menlo Park
 Clinton H. Thienes, Los Angeles

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

U. S. Casualties 389,125

Losses for Army, Navy Announced

Officially announced casualties among the United States fighting forces have reached a total of 389,125.

Secretary of War Stimson said on September 14, that Army casualties for all theaters through August 29, based on reports to next of kin, total 327,616, an increase of 21,821 from the total given a week ago. The latest Navy casualty list reports 61,509, an increase of 1,545.

The Army casualties, with comparable figures for a week ago, follow: Killed 62,357 and 57,677; wounded 172,042 and 156,933; prisoners 48,181 and 45,218; missing 45,036 and 45,967 (A reduction arising out of transfer to other categories).

Of the Navy total, 24,450 were killed, an increase of 524 over the previous week; 23,064 wounded, an increase of 1,170; 9,529 missing, a decrease of 149; 4,466 prisoners, unchanged from the previous week.

Board Told of Navy Plan for New Hospital in San Francisco

Plans for construction of a \$6,000,000 Naval Hospital in the vicinity of McLaren Park were disclosed to the San Francisco Board of Supervisors on September 11.

Supervisor Dewey Mead made the disclosure when the problem of setting new boundaries for the park came before the board. He said he had been advised by a Navy officer that the project will require about 100 acres of land.—San Francisco Examiner, September 12.

Richmond Doctor Shortage

Numerous complaints on the serious shortage of medical care in Richmond are well founded, city officials, labor leaders, local doctors and Federal and State officials were informed at a meeting held on August 25, called to discuss the vexing problem.

Dr. Harold Fletcher, state chairman of the procurement and assignment service, was authority for the statement on the lack of adequate medical care, as the representatives in attendance discussed future plans by which they hope to bring more doctors to Richmond.

The group was told that in pre-war Richmond there were 22 doctors. The population of the area has increased more than 100,000 and the number of doctors has increased by two to 24.

At the same time it was pointed out by labor representatives that while the nation enjoys one doctor to every 1,500 persons, the war crowded community here has one doctor to every 5,600 people.

The round table discussion, held in the Labor Temple

† For complete roster of officers, see advertising pages 2, 4, and 6.

on Fifth street, lasted three hours and during the meeting labor representatives declared that it is possible the U. S. Public Health Service will be asked to send doctors into the area wearing the uniform of the public health service.

"Under such circumstances," labor said, "the doctor would have an assured income, he would not be subject to state licensing laws and could be withdrawn when the war was over and the population assumed more stable proportions. He would not be competing with local doctors."

The procurement and assignment service representatives admitted that they need at least eight or 10 doctors in the area, but "we can not solve the problem because we do not have the authority to bring these doctors in here."

Labor indicated that it would seek legislation "to permit loosening of restrictions during this critical period to permit some solution of a dangerous situation."

Another proposal from labor was that a local medical advisory committee be formed under the representation from physicians, auspices of the city council with labor and business. Richmond physicians present indicated their approval of this plan.

Los Angeles County Doctor's Missing Book Found With Dead Japanese

When Dr. Edwin Lee of Downey, Calif., was a student at Loma Linda Medical Division of the College of Medical Evangelists of Los Angeles, an instructor told the students to buy Kellogg's Surgical Approaches to Anatomy. Dr. Lee bought his volume and put his name on the fly leaf. One day it vanished from his book shelf. He sought it in vain and finally bought another. The other day he received the book from a former classmate, Major L. Lawrence Whitaker, medical officer with the American forces that took Attu. The major and another Loma Linda classmate had discovered it in a Japanese hospital on the island, following the occupation by the Americans. A letter from Major Whitaker told Dr. Lee of the weird incident of finding the book. After the Americans had completed the bitter job of wiping the tenacious Japs out of Attu, Major Whitaker and a group of officers examined the garrisons where the Jap command had its headquarters. When they entered the underground hospital they found that 18 of the Jap wounded had been killed by morphine. They lay on their backs, their hands folded across their chests, stiff in cold death. The doctor who had killed his patients lay sprawled on the floor—he had put a bullet through his head. Major Whitaker and his classmate recognized the doctor as their former classmate Paul Tatsuguchi, who had been in college with them for four years. He had received his medical degree with them and had taken the California state medical examination with them when they did.

The two officers found his personal effects and, in going through them, discovered a diary which he kept in English during the last sixteen days, when the Japs realized that resistance would prove useless. He related what was happening as the battle of Attu began depleting the Jap garrison and wounded soldiers were being brought to the hospital. He methodically set down the number of patients he was treating and what he was doing for each one. He told how he had contracted diarrhea and how ill he was. On the last day, when the Japs knew that the end had come, he described how he had killed each of his patients. He wrote a farewell note to his wife and two children who lived in Japan. In final rite he wrote a rededication of himself to his emperor, setting down a renewal of his oath and then, according to the grim evidence, took his life.

In addition to the diary, one of the Loma Linda class-

mates picked up a volume that had a familiar appearance; it was "Surgical Approaches to Anatomy," a book that recalled many memories. The two officers examined it, and there on the fly leaf they found the name of Ed Lee. It had been crossed out and beneath it was written that of Paul Tatsuguchi.

Citation for Commander Glenn G. English (MC) U.S.N.R.

Saipan, Marianas Islands—(Delayed)—For his intrepidity and courage in establishing an aid station to care for and evacuate wounded Marines during the first bloody hours of the fight for Saipan, Navy Commander Glenn G. English, 46, of Los Angeles, a member of the Los Angeles County Medical Association, has been highly praised by Colonel James P. Riseley, commanding the Sixth Marine Regiment.

Colonel Riseley described the "conspicuous gallantry" of Commander English, who, as regimental surgeon, "landed and established a sorely needed aid station despite terrific mortar, artillery and small arms fire that was falling on the beach strewn with dead and wounded men.

"While others were taking cover," he said, "Commander English went about his work with cool efficiency, disregarding the heavy enemy fire that was causing many casualties about him. The gallant action of Commander English in caring for the wounded without regard for his personal safety, despite this heavy fire, saved the lives of many wounded Marines.

"His courage and bravery were an inspiration to the officers and men under his command and to wounded Marines arriving at the beach."

Commander English makes his home with his wife at 1017 South Orlando Avenue, Los Angeles. He served with the Marines on Iceland, at Guadalcanal, Tarawa, Saipan and Tinian. He is an Indiana University graduate.

National Postwar V.D. Control Conference

A national conference on postwar Venereal Disease control will be held in St. Louis, Missouri, November 9-10-11, under the auspices of the U. S. Public Health Service.

Purpose of the meeting is to bring together leading experts in all phases of VD control who will determine the best methods for giving wide application of recent advances in treatment of both syphilis and gonorrhea. Special emphasis will be devoted to the problems of VD control during the postwar demobilization period.

Because millions of Americans will be returning from foreign lands, and because an enormous increase of travel to and from the United States after the war is expected, effective VD control will undoubtedly require international coöperation.

The USPHS, the National Research Council, and medical departments of the Army and the Navy will report their findings on the effectiveness of penicillin in syphilis and gonorrhea, and recommend treatment procedures. State and local health authorities will advise as to how new treatment measures may be applied locally. Private hospitals and physicians will recommend how they can best participate. It is expected that the rapid treatment center program will be discussed at length and particular attention given to how centers can be used most effectively in the postwar period, both for control and for research purposes. Wider and better use of public education and appropriate social protection measures will also be considered.

Surgeon General Thomas Parran will preside over the conference; Doctor J. R. Heller, Jr., Chief of the Venereal Disease Division, will outline to the conferees specific questions which the U. S. Public Health Service feels require answering.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

ON PROPOSAL TO LOWER LICENSURE STANDARDS IN CALIFORNIA

Excerpts from Letters Received from Officers of California Medical Association and from Associated Groups or Organizations

In this column, and also in the editorial department, comment is made concerning an item which appeared in the *Journal of the American Medical Association* of September 23, on page 243.

The *J.A.M.A.* item is reprinted below; also a copy of a letter dated September 27, which was sent to various C.M.A. officers and others. Then follow excerpts from some of the replies to the letter. Members of the California Medical Association may be interested to scan the reaction of their officer fellows to the proposed licensure recommendations. Statistics concerning number of Doctor of Medicine licentiates in California are also given. *J.A.M.A.* item follows:

A meeting of the Committee on Postwar Medical Service was held on September 9 at the Waldorf Astoria Hotel in New York City. The following members and guests were present: Dr. Roger I. Lee, chairman, Dr. Irvin Abell, Dr. Francis G. Blake, Dr. F. F. Borzell, Dr. Frederick A. Collier, Mr. Graham E. Davis, Dr. Morris Fishbein, Dr. Alan Gregg, Dr. Charles M. Griffith, Mr. B. A. Horning, Dr. E. E. Irons, Dr. Victor Johnson, Mr. E. R. Loveland, Lieut. Col. Harold C. Lueth, Dr. W. W. Palmer, Col. George M. Powell, Dr. W. C. Rappleye, Father Alfonse Schwitalla, Miss Mary Switzer, Dr. Olin West and Dr. Ralph C. Williams.

The chairman reported the loss of a valued member of the committee, Dr. William C. Breed of Boston, who died in August, and stated that the vacancy thus caused would be filled by the appointment of Dr. Morris Piersol of Philadelphia. . . .

Provisions for Licensure of Returning Officers

There appeared before the committee Dr. Barton of the Procurement and Assignment Service, Mr. Wheaton of the War Man Power Commission, Mr. Robinson of the Council of State Agencies and Mrs. Gallaher of the Department of Justice to solicit opinion on a proposal relating to the amendment of the medical practices acts of the states by adding the following:

"If an applicant presents evidence satisfactory to the board that he (1) has been graduated by a medical school reputable and in good standing as determined by the board, has been licensed by a state of the United States, (2) has served in the active military or naval service on

or after Sept. 16, 1940, and prior to the termination of the present war as a commissioned medical officer of the Army or Navy and has been discharged or released therefrom under conditions other than dishonorable or has rendered medical service during the period 1940 to 1945 in industry or in a civilian community and (3) is of good moral character, the board in its discretion may issue him a temporary license for a period of time to be fixed in the license issued to practice medicine in this state without requiring that he pass any examination (including a basic science examination if that is a condition precedent to licensure) that otherwise he would be required to pass. An application for such a license shall be on a form approved by the board and shall be accompanied by such fee as is required for other licenses issued without examination."

This amendment is to become effective at once and is to remain in effect until the governor, on the recommendation of the state board of medical licensure, proclaims that this amendment is no longer necessary.

After discussion, the following resolutions were passed unanimously by the committee:

1. That the Committee on Postwar Planning announces its approval of the proposed legislation;
2. That the committee recommends that the Council of State Governments be requested to give active support to the proposed legislation in the various states;
3. That the committee recommends to state medical associations that they support such legislation and that such associations obtain the assistance of the Procurement and Assignment Service of the War Manpower Commission through its state representatives, and
4. That the committee recommends to state medical associations that they appoint liaison officers to correlate the efforts of those supporting this legislation.

(Copy of Letter to Councilors and Other Officials)

CALIFORNIA MEDICAL ASSOCIATION

Subject: Proposed Change of Medical Licensure for California. (See *Journal A.M.A.*, September 23, 1944, on p. 243).*

San Francisco, September 27, 1944

Dear Doctors:

The *J.A.M.A.* of Sept. 23rd, on page 243, in its report on "Postwar Medical Service" by the "Committee on Postwar Medical Service" prints resolutions that should have special interest to California physicians.

At the present time, California Medical Association reports that 2,151 of its members are in military service. C.M.A. members who remain in civilian practice are obligated to safeguard the rights of these military colleagues; so that when these army and navy surgeons are mustered out of service, they will have a fair chance to reestablish themselves in their former or other California communities, and again build up practices to support themselves and their families.

Licensure Statistics (M.D.s) for California

Tabulated below are California medical licensing statistics for recent years, with the exception of the number of licentiates who have entered the Armed Forces year by year, from 1939 to the present date (October, 1944).

(Figures are on Physicians and Surgeons (M.D.'s) only and do not include other licentiates.)

Year	California Licentiates: Residing in California (as of March 3 of Each Year)	California Licentiates: Living in Other States (as of March 3 of Each Year)	California Certificates Issued During the Year	California Licentiates Endorsed by California to Other States:	California Licentiates Who Died During Year:
1939:	9,991	2,081	626	70	263
1940:	10,422	2,112	608	68	229
1941:	10,590	2,278	640	56	263
1942:	10,365	2,147	740	70	248
1943:	9,262	2,027	815	56	194
1944:	9,115	2,004			

(Figures not available until end of year.)

Note.—While the number of certificates issued each year has increased, the numbers of licentiates shown in the first two columns has decreased the past two years, due to the war (California licentiates entering military service).

† For editorial comment, see page 179.

The recommendations of the "Committee on Postwar Medical Service," if put into operation in California, could play havoc with the opportunities available for California physicians who are now in military services, to regain or build up new practices in California.

Your attention is called to the above because of the implications involved in the Committee's recommendations to let down the bars of medical licensure.

This letter is sent also to ask you to send us your confidential or other opinion on whether you think changes in licensure as proposed, are needed, or are desirable for California.

The matter is sufficiently important to be worthy of careful consideration by the constituted authorities of the California Medical Association.

An expression of opinion by yourself will be much appreciated.

Respectfully submitted,

PHILIP K. GILMAN,
Chairman of C.M.A. Council.
GEORGE H. KRESS,
Secretary of C.M.A. Council.

Excerpts from Letters in Reply: Re Proposed Licensure Amendments

"I am opposed to the addition of the amendment to the Medical Practice Act of the State of California, for the temporary licensure of returning medical officers:

"(1) It is quite unnecessary, for each applicant is already licensed in at least one State, which is, most probably, the State of his choice.

"(2) A temporary license would be a false security to the practitioner unless he proceeded at once to obtain his State license in the regular way, and succeeded in passing the examinations. Suppose he should fail!

"(3) Since California, we believe, has more attractions for the newly fledged or location-seeking doctor, the increase in our medical personnel might be out of all proportion to our needs, and would therefore injure many and help but few. The number of physicians already licensed in California is more than adequate for peace-time service.

"(4) Such legislation might justly be interpreted as one more danger of the losing of State rights, and might, with a little manipulation, transform State licensure into Federal.

"(5) It would work an injustice on those states which have succeeded in passing a Basic Science law, to have it set aside, even 'temporarily.'

"(6) Pressure groups would probably try, and might even succeed, in changing this temporary license into a permanent one later, which would be unfair to the public, and to the California profession.

"(7) We can, and will, do everything possible for our returning medical officers, but it is unnecessary to set aside, even temporarily, existing and well seasoned laws in order to accomplish our good deeds or express our kindest wishes."

* * *

"I believe that the licensure laws should not be relaxed. We would have a flood of out-of-state doctors to compete with, but that is not so important as is the fact that standard of practice would be materially lowered and this would make for poorer medical care to the public."

* * *

"The California State Board of Medical Examiners has gone on record strongly against the issuance of temporary licenses because it was felt that this is a pernicious practice, especially in view of the fact that Doctors, who have left this State to enter the armed forces, will eventually return and will find themselves confronted with the necessity of reestablishing their former practice.

"It is not at all impossible that some of those temporarily licensed would make a very strong attempt to have such type of license continued on the basis of having rendered good service to the community to which they had been sent temporarily. The Board feels and has felt that such a step would be a decided lowering of standards and furthermore, a grave injustice to those who have left the various communities in this State, after practicing for many years, to enter the armed forces of our country. As you are aware, no temporary licenses or special permits have been issued in California."

* * *

"I am opposed to any weakening of the Medical Practice Act as it relates to licensure.

"A temporary relaxation would be used as an argument for permanent change, to the detriment of the physicians and the public."

* * *

"To impose such a revision of the law in California would bring a real hardship on the doctors returning to California. We would find a similar condition as after the last war and will see again even without such change—viz, a large number of doctors desiring to locate in California because of the favorable climatic conditions. If the bars were let down with no examination required this would bring an even larger number of physicians to California.

"I have no figures to prove this, but my impression is that already there have been a large number of doctors come to California since the war started because of the favorable climatic conditions, and now, because the opportunity was great to reestablish themselves rapidly in an active practice.

"I would be opposed to such change in the law because I believe the returning men would find a more difficult time in reestablishing themselves. Certainly, first rights belong to our own men. I believe that the medical men will be very slow in being discharged and if our own men were among those discharged late, it would be another unfair advantage to the doctor from another State."

* * *

"I personally see no advantage to be gained by either the medical personnel discharged from military duty or to the community that he proposes to serve on a temporary basis. It will fill up the communities for the men who originally left them and who, until proved otherwise, we must assume wish to return there.

"I also feel that tampering with the medical licensure for California or any other State is a move toward breaking down safeguards that we have been so many years in building up.

"Personally, I am not in favor of the recommendation of the Committee on Postwar Medical Service."

* * *

"I do not think that the proposed changes in medical licensure are logical, necessary or desirable in California."

* * *

"I am opposed to this type of legislation because:

"(1) Our first obligation is to the men who are now in Service.

"(2) Dismissals from the Service will not be as rapid as many people think.

"(3) The men at home have done a good job.

"(4) Many M.D.'s who, in years past, have thought of coming to California and have now had the opportunity to see the State will now want to settle in California.

"(5) California could be filled with refugee M.D.'s the minute the bars are let down—(once in—try to get them out!). They should go back to the place from whence they came, as they are needed there. They could under-

mine what we now have and destroy the chances of our own doctors if and when they return to Civilian practice.

"(6) I shall vote *No* to any bill favoring such legislation."

* * *

"As a matter of principle I am opposed to the granting of licenses which would permit men to practice medicine in the State of California without any sort of an examination. In an emergency this might be permitted on a purely temporary basis, provided such licensure is granted an individual doctor to fill a specific appointment which will in no way interfere with the work of another physician who has been qualified for the practice of medicine in California by examination. . . .

"Whatever is done should in no way interfere with the professional practices of those who are legally licensed in the State and are now in practice and of those who are similarly licensed, but are now on military duty, when they return from military service to civilian practice."

* * *

"The proposed changes in licensure for doctors leaving military service to me is unnecessary. These doctors are already licensed in their respective States and we have already set up the machinery by which doctors can receive reciprocity in other States and to short cut this legislation which has been years in growing would do a considerable harm although it seems, on the face of it, that these physicians who have been in the service and are honorably discharged and are in good moral character, etc., should be permitted to practice anywhere inasmuch as theoretically they have represented their Federal Government in the military service. It is also true that these physicians have also elected to practice in certain States and should not be permitted to change their localities merely by virtue of the fact that they have been in the military service. As we all know the California Board of Medical Examiners possesses power to grant licenses in this State with a liberal hand if they so desire.

"It would be taking a good deal on the shoulders of this Postwar Committee if it should recommend that each individual State level its recommendation and requirements down to that of the States which require a standard possibly considerably less exacting than the States in which this returning physician would like to practice.

"I, for one, am for permitting existing reciprocity rules to prevail after the service of the military doctor is completed."

* * *

"I fail to see any reason for a change in our present Licensure System."

* * *

"The phrase in sentence 2 beginning 'or has rendered medical service during the period 1940 to 1945 in industry or in a civilian community' seems to me to open the doors to any and all comers. This is very ambiguous and could start some very prolonged law suits to force issuance of license.

"Another fault, as I see it, is that the license could be issued for any period of time desired by the board, even for 99 years. Some such period as 6 months or a definite period for exceeding, say, 1 year would be better. This would require rehearing of every case periodically and automatically.

"I cannot see the need of this act in California."

* * *

"We, in ———, have been feeling for some time that too many new and entirely outside men are taking advantage of the war conditions to move from the places in which they have practiced to more desirable locations.

"If there is a real shortage in a new location there would be no objection. However, in a place like ———, it is now easier for them to get started than normally, but they will make it exceedingly difficult for our own men who are in the service to reestablish themselves if this situation is allowed to continue.

"There will no doubt be medical discharges of doctors who would take advantage of this situation to come to a desirable community, rather than returning to their former homes.

"I am opposed to letting down the bars, as I feel we should give our own men as much protection as possible."

* * *

"I would think this measure would be best settled by the local State situation rather than on a National basis. At best, such States as California where there was, before the War, a higher ratio of M.D.'s to population, would be opposed to such a procedure. However, in States where such a ratio was low, this might be one method to effect a better distribution of doctors.

"I do not favor any changes in licensure of this State at this time."

* * *

"I can say personally that I would not favor any letting down in the requirements. There has been quite a large number of applicants for oral examinations in the last two years, and the Board has tried to maintain the standard already established. I am not in sympathy with any of the recommendations of the Committee on Postwar Medical Service.

"You do not need to treat this letter as confidential. I am willing to be quoted.

"I am not in favor of any temporary license being issued."

* * *

"Judging from the number of physicians applying for and receiving licenses by reciprocity to practice in California, it would appear to me that there is no need for any amendment to the Medical Practice Act of this State by which an applicant may receive a temporary license without examination. It is also understood that temporary licensure has a strong tendency to become permanent.

"It would appear to me, personally, that any form of temporary licensure would be an open invitation to a large number of physicians of whom many would be illy equipped educationally, professionally, mentally and morally, to come to California to practice medicine.

"The advertising campaigns of a number of California communities have so strongly stressed our salubrious climate and the natural beauties, resources and wealth of our State that a large number of physicians practicing elsewhere have become very eager to come here.

"I believe that the resolution of the Committee on Postwar Medical Service, with regard to the above quoted amendment, should be vigorously opposed by all California medical organizations."

* * *

"I would not like to see any changes at the present time in our method of licensing physicians. Physicians from other States wishing to locate in California and now in the armed services would probably in most instances be able to secure reciprocity from our examining board. Moreover, the physicians returning from the services are probably needed in their own communities and I do not see any reason why we should invite them to locate in California."

* * *

"As a member of the California Medical Association, it is my feeling that the California law as it now stands in regards to licensure of M.D. physicians and surgeons

both as to written examinations and reciprocity, is, unquestionably, the best for the State. I am rather apprehensive that if the bars should be let down, every doctor in the nation, who could possibly make it, would want to practice in California.

"Our reciprocity law, requiring no examination for graduates who have not been out of school for more than 10 years, grants direct reciprocity. This means that, from the time they have made satisfactory application to the Board and passed the committee on credentials and which has been ratified by the Board, they receive their license within about 2 weeks' time. I do not see any need of any temporary license being granted for this reason.

"Graduates that have been out more than 10 years certainly should continue to be examined by oral examination in order to determine their fitness to practice in a fast moving state like ours. I believe it would be a very sad mistake to allow physicians to practice, whose ability is not sufficient to enable them to pass a rather lenient oral test. It certainly would be very unsafe for the people at large in this State."

* * *

"I think it would be a mistake to oppose the resolutions adopted by the Committee on Postwar Medical Service for these reasons:

"(1) It is not mandatory for a state board to grant licensure under the conditions set forth in the proposed amendment.

"(2) Opposition to the resolution would be interpreted as pure selfishness and obstructionism.

"(3) The Governor can and almost surely would, on recommendation of the Board of Medical Examiners, terminate the action of the amendment when the first few postwar years have passed.

"I dislike the phrase 'or has rendered medical service during the period 1940 to 1945 in industry or a civilian community,' since this phrase admits practically everyone to licensure without examination."

Bushfield Osteopathic Amendment to H.R. 4278

Congressional action has now been completed on the Department of Agriculture Organic Act of 1944, H.R. 4278. This bill provides for the control and eradication of certain animal and plant pests and diseases, etc.

The Senate Committee on Agriculture and Forestry, in reporting the bill April 21, added to Title III a new section, section 303, relating generally to rural rehabilitation measures. When the bill was considered on the floor of the Senate, May 2, Senator Bushfield, South Dakota, offered and the Senate accepted the following amendment to section 303:

"*Provided*, That no part of such sums be available for the promotion or aid of any program of medical care which prevents the patient from having the services of any practitioner of his own choice so long as State laws are complied with."

The purpose of this provision was to permit participation by sectarian healers in the medical programs sponsored by the Farm Security Administration. It was, according to information available, sponsored by the osteopaths. The conference report on the bill modified the Bushfield amendment by adding this exception:

"except that this provision [the Bushfield amendment] shall not be applicable to the promotion or aid of a program of medical care where a majority of the participants within the program group elect to confine their choice of practitioners to a list of available licensed practitioners selected by them."

This modification was unsatisfactory to Senator Bushfield who described it as "completely emasculating the amendment which the Senate had previously adopted." There were other matters in the bill that caused disagreement between the House and the Senate, including a

Senate amendment relating to the school lunch program. This disagreement threatened to result in a stalemate and to prevent the enactment of other parts of the bill not in disagreement. To obviate the possibility of this stalemate, Senator Russell, of Georgia, who had charge of the bill on the floor of the Senate, offered a motion, September 5, that the Senate recede from all amendments it had made to the bill, including section 303 of Title III to which was attached the Bushfield amendment. This motion came before the Senate on September 8 and after a short debate prevailed. The Bushfield amendment was thereby eliminated in its entirety.

Labor Parley Plans Go to Congress

Seven resolutions on social security and kindred subjects adopted by the International Labor Conference in Philadelphia last May were transmitted to Congress on August 22, by President Roosevelt. He said they might prove valuable in current "consideration of problems of demobilization, reconversion of industry, employment and social security."

Roosevelt added in a special message that he may have occasion later to "direct further attention to specific provisions of these recommendations and to suggest what action by the Congress on these recommendations may be advisable."

The Chief Executive recalled that employers and workers as well as governments were represented at the conference and that the recommendations were adopted by large majorities. They embraced income security, medical care for persons discharged from the armed forces, minimum standards of social policy in dependent territories, employment organization in the transition from war to peace, employment service and national planning of public works.

Labor Unions Urge Law for All Hospitals

Vallejo Central Labor Council, on September 4, passed a resolution urging the Solano County Board of Supervisors to pass an ordinance requiring all hospitals in the county to admit any and every patient for emergency treatment on the penalty of committing a misdemeanor should treatment be refused.

The council also voted to secure legal advice on the matter and to have a model ordinance drawn up for presentation to the board of supervisors.

Under general terms of the proposed ordinance every hospital would be required to admit emergency patients for treatment or surgery, if in the opinion of the physician the health or life of the patient would be placed in jeopardy should care be refused.

Patients subsequently found able to pay for such services would be required to do so and the bills for persons unable to pay would be borne by the county.

Congress Begins Election Recess

Congress voted to recess on September 21, until Tuesday, November 14—a week after the national elections.

Many members began leaving the Capital, homeward bound to put a whirlwind finish on their political campaigns, soon after the House concurred in the Senate's adjournment resolution.—San Francisco *Call-Bulletin*, September 21.

Medical Care Is Asked for Federal Employees

Manpower Commissioner Paul V. McNutt urged Congress, on August 21, to pass legislation providing medical examinations, preventive services and emergency medical care for federal employees.

COMMITTEE ON INDUSTRIAL PRACTICE

California Industrial Accident Resolution of July 18, 1944: Re Surcharge of 15%

Re: Increase of Fees.

(COPY)

CALIFORNIA MEDICAL ASSOCIATION
San Francisco 8, July 29, 1944.

To the Members of the
California Medical Association:

It is indeed a pleasure to be able to report that some progressive action has finally been taken in the matter of medical and surgical fees for services performed under the Workmen's Compensation Act.

You will remember that late in 1942 the Association asked the Industrial Accident Commission of the State of California to approve a proposed schedule of medical and surgical fees for some 547 procedures which might be undertaken in compensation work. This proposed schedule was sent to you some months ago, together with a request that you sign a pledge card signifying your agreement to abide by the minimum fees of the schedule and to comply with the Principles of Ethics relating to compensation practice.

Our proposed fee schedule has been under advisement by the Industrial Accident Commission for more than 18 months now. It has not yet been approved but a surcharge of 15 per cent over the existing fees has been approved, effective Aug. 1, 1944.

A copy of the Commission's order setting up this surcharge is enclosed. You will note that it provides:

1. That the surcharge shall be effective for the "Duration," which is defined to mean six months after the cessation of hostilities.

2. That cases under treatment before and after August 1, 1944, shall have their medical and surgical charges segregated, so that services rendered before August 1, 1944, shall be charged at the existing rates and services rendered after August 1 shall be billed at existing rates plus the 15 per cent surcharge.

3. That the Commission proposes to establish a Study Committee to consider "a permanent medical fee schedule to become effective after the 'Duration.'"

There is a tremendous amount of inertia and indifference to the medical profession's rights, built up and due no doubt to the fact that everyone concerned, including the profession, allowed an inadequate fee schedule to remain in effect for over twenty years. However, the C.M.A. committee which has been following this matter feels that the Commission's order is as much progress as can be expected at this time and that the members of the Association handling compensation cases should abide by the terms of the Commission's order. Efforts toward establishing a more permanent and more equitable fee schedule will be continued without delay.

Fraternally yours,

PHILIP K. GILMAN, M.D.,
Chairman of the Council.

(COPY)

State of California
Department of Industrial Relations
INDUSTRIAL ACCIDENT COMMISSION
State Building, San Francisco 2.

*Copy of Resolution Adopted by the Members of the
Industrial Accident Commission in Meeting
Assembled July 18, 1944.*

WHEREAS, In recognition of the increased cost involved in the furnishing of medical services under present war-time conditions, an overwhelming majority of the insurance carriers and self-insured employers have voluntarily agreed with the California Industrial Accident Commission to pay a 15 per cent surcharge on all fees covered under the existing California Medical Fee Schedule; therefore be it

Resolved, That the Industrial Accident Commission does hereby authorize this surcharge, which is to be effective as to all medical and related services rendered under the provisions of the California Workmen's Compensation laws on and after August 1, 1944, same to continue for the duration of the war. "Duration" is defined as extending until six months after the cessation of all hostilities in which the United States is now engaged; further

Resolved, The term "medical, and related services" shall include x-ray, laboratory and physiotherapeutic services, whether furnished by practicing physicians, laboratories or hospitals; further

Resolved, Medical charges on cases presently under treatment shall be segregated so that services furnished prior to August 1, 1944, will be charged for on the basis of the then existing medical fee schedule, and the surcharge of 15 per cent shall be applied only to treatments and services on and after that date; further

Resolved, That the Commission hereby declares its intention to ask the various parties at interest—the medical fraternity, self-insurer, insurance carriers and the appropriate State Departments—to form a Study Committee for the purpose of collaborating on a permanent medical fee schedule to become effective after the "duration." (For editorial comment, see p. 182.)

COMMITTEE ON POSTGRADUATE ACTIVITIES

Research Study Club of Los Angeles (Eye, Ear, Nose, Throat)

The Research Study Club of Los Angeles announces its Fourteenth Annual Mid-winter Post-graduate Clinical Convention in Ophthalmology and Otolaryngology, January 22 to February 2, 1945. Also, a special course in "Applied Anatomy and Cadaver Surgery of the Head and Neck," to be given February 2, 3, 4, 5, and 6, inclusive.

Providing there are at least fifty applicants, the American Board of Ophthalmology will conduct an examination in Los Angeles in January, 1945, just before our Midwinter Clinical Convention. Those who wish to take this examination should apply promptly to the "American Board of Ophthalmology, Cape Cottage, Maine."

Similarly, the American Board of Otolaryngology may conduct an examination (in Los Angeles) in February, 1945, immediately following our Cadaver Course. Those who wish to take this examination should apply promptly to the Secretary of this Board, Dr. Dean M. Lierle, Iowa City, Iowa.

If a sufficient number of applications for these Board Examinations are promptly received, it will then be possible for us to invite certain of the Board members to take part in our Clinical Convention program. To date, our guest speakers include: For the Eye—Dr. Cecil S. O'Brien and Dr. Kenneth C. Swan, of Iowa City, Iowa; Dr. William Henry Crisp of Denver, Colorado, and Irving B. Lueck, B.S., of Rochester, New York. For the Ear, Nose and Throat—Dr. John J. Shea of Memphis, Tennessee; Dr. Hans Brunner of Chicago, Illinois; Dr. Guy L. Boyden of Portland, Oregon; Dr. Chauncey D.

Leake, University of Texas; Vern O. Knudsen, Ph.D., University of California, Los Angeles, and Scott Reger, Ph.D., of Iowa City, Iowa.

At the Convention held last January, the large attendance caused some anxiety. In the Didactic Course an unlimited number can be accommodated; but it is clear that we must make some elaborate preparations for the Instruction Courses. From 31 States and Canada over 300 attended, and about 100 more would have been with us if it had not been for inability to secure either transportation from many parts of the country, or housing in Los Angeles.

Arrangements have been made to permit registration by mail. The fee for the Clinical Course is \$50.00, and when you apply to take the Course you can send the \$50.00 to Pierre Violé, M.D., 1930 Wilshire Boulevard, Los Angeles 5, California.

As in the past, the first week is devoted largely to the Eye, and the second week to the Ear, Nose and Throat. Those who confine their work to only one of the specialties may complete most of the subjects in one week.

The fee for the Clinical Convention is \$50.00; those in Military Service will be guests. The fee for the Cadaver Course is \$50.00; those in the Service may enroll for this course for one-half of the regular fee—namely \$25.00.

At long last, the Research Study Club of Los Angeles is beginning to accumulate some money. Beginning in a modest way, the Club wants to endow research work in various localities, publish results and send without charge monographs and books to each member. Suggestions are invited.

San Francisco Heart Committee—October Meetings

Dr. Chester S. Keefer of Boston will be one of the speakers at the San Francisco Heart Committee's Fifteenth Annual Postgraduate Symposium on Heart Disease which will be held this year October 26, 27, and 28. Other guest speakers will be Dr. Maxwell M. Wintrobe, Professor of Medicine, Utah University Medical School, Dr. S. J. McLendon of San Diego, Dr. William Gordon of the United States Public Health Service, and others to be announced later. More than twenty San Francisco physicians especially interested in cardiovascular disease will participate in the Symposium. Rheumatic fever will receive special emphasis this year.

The sessions will open Thursday, October 26, at the University of California School of Medicine. The program for Friday, October 27, will be presented at Stanford University School of Medicine and at the San Francisco Hospital. A dinner meeting has been arranged for the evening of the 27th at the St. Francis Hotel. Saturday morning's program will be held in the Auditorium of the Nurses' Home of Mt. Zion Hospital.

Complete printed programs will be available soon. Registrations and hotel reservations may be made through the secretary of the San Francisco Heart Committee at 604 Mission Street, San Francisco 5. Physicians in military service are invited without payment of a registration fee.

Physicians are urged to register in advance if possible.

Another Health Center in Los Angeles City

Tentative arrangements for architectural services in connection with the health center planned for 49th Street and Avalon Boulevard have been recommended to the City Council by the Board of Public Works, subject to an allotment of \$300,000 requested for the project from the Federal Government.

The application provides for construction of a \$200,000 building, for which the city is to provide \$70,000 in addition to \$65,000 for the site, equipment, architectural and engineering expenses.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

American Hospital Association: 46th Annual Conference

The necessity for vastly expanded facilities to treat mentally disabled patients now and in postwar years will lend special significance to the consideration of mental hospitals and techniques at the 46th annual convention of the American Hospital Association, was held at the civic auditorium in Cleveland, Ohio, during the first week in October, the third wartime conference of the Association, a nonprofit corporation composed of hospitals in almost every city in the United States.

Recognizing the necessity for fully satisfying the health needs of their communities, the more than 3,000 member institutions of the American Hospital Association are taking great interest in the hospital construction and postwar planning discussions.

The American Hospital Association, through its member institutions and allied professional groups, was organized in 1899 to promote the welfare of the people through the development of hospital and outpatient service. . . . According to a survey of 1,663 hospitals conducted by the Association's Council on Government Relations under John N. Hatfield of Philadelphia, postwar hospital construction may reach \$1,193,133,000 and provide 180,626 new hospital beds. This will increase the national hospital bed count to 1,829,880, or, one for every 71 persons in America.

Almost three-fourths of the reporting hospitals revealed some building plans.

Hospitals now represent an investment of six billion dollars. After the war, nonfederal hospitals of the general and allied types plan to invest approximately \$177,000,000 on new construction, including \$12,880,000 on rehabilitation, \$3,400,000 on re-equipment, and \$13,133,000 for new equipment.

Financing for this program will be carried out largely with government help under the Lanham Act or through public subscription. A number of hospitals plan on private finance, normal hospital income, or cash already on hand.

Future Hospital as Seen by Surgeon General Parran, U.S.P.H.S.

The post-war aim of the American people should be a national health program which guarantees the best of health and medical care for the entire population, Dr. Thomas Parran, Surgeon General of the U. S. Public Health Service, said in San Francisco on September 4.

Dr. Parran delivered the principal address at the Labor Day dedication ceremony for the new U. S. Cadet Nurse Corps residence at the University of California School of Nursing in San Francisco.

"Public health, which means the sum total of individual health, is of paramount public concern," he said. "Working together, the public and the health and medical professions can attain the democratic goal of an equal opportunity for health among all people."

"The hospital of the future should be an instrument of total community health, with facilities and skills necessary to promote health and prevent disease as well as to treat the sick."

PROPOSED PLAN

He proposed a national health program which would include adequate inter-related and equitably distributed hospital and medical service. It would be operated locally through grants-in-aid and would be sufficiently diversified to meet the needs of the individual States. It would be publicly supported through insurance, taxation, or a combination of both.

San Diego Venereal Disease Center for Women

Except for inconspicuous treatment rooms and laboratory, San Diego's newest project aimed at eradication of venereal disease might well be mistaken for a women's dormitory containing such extra facilities as a recreation room, indoor and outdoor play space, and spic-and-span kitchen and dining room.

Known as Harbor View Hospital, the recently opened institution at Kettner Boulevard and Market Street, already has cured more than a score of its patients in a rapid treatment technique under guidance of Dr. Raleigh Burlingame, director; Dr. Leonard I. Lesser, U. S. Public Health Service assistant surgeon, and Miss Evelyn Binkley, supervising nurse.

SOME VOLUNTARY PATIENTS

Although 80 per cent of the cases to date have been women referred by the city jail following arrest on vagrancy charges, numerous patients have sought the treatment after clearing through the city-county health department out-patient clinic at the Civic Center, according to Burlingame.

Treatment consists of injection of penicillin at three-hour intervals over a 24-hour period, when sulfa drugs prove ineffective. If the culture shows a negative reaction, hospital attendants allow a week to elapse before taking another culture. A second negative showing is followed by a third culture 48 hours later before the patient is discharged.

"Those who opposed the center when it was being discussed contended that we would have a hopeless task of rehabilitation," declared Armistead Carter, president of the Social Hygiene Association, which backed efforts to establish the hospital. "But i. q. tests of the girls admitted have shown them to have fairly high intelligence. If the hospital can restore the health and spirit of these girls, it will more than adequately serve its purpose."

The city council appropriated \$35,000 to launch the project, with the expectation of reimbursement from the Federal Government, which to date has appropriated approximately \$25,000, with more funds due.

Many Kept Out of Hospitals by Bed Shortage

"Los Angeles hospitals have a current shortage of approximately 4000 beds and hundreds of persons are being turned away every week because beds are lacking for their care," J. Howard Ziemann declared on August 29, at the initial meeting of the new board of directors of the recently expanded United Hospital Fund of Los Angeles County at the California Club.

First steps toward working out a master hospital plan for the county to provide 1660 of the needed beds immediately and make hospital facilities conveniently available to the "self-supporting middle economic group" were taken.

T. R. Knudsen, creamery company executive, was elected organization president. Willard W. Keith, Harry G. Johansing and Ziemann were named vice-presidents; Colin M. Gair, treasurer, and Harry Cartlidge, secretary.

Named to the executive committee were L. A. Aleson, M.D., president of the Los Angeles County Medical Association; Howard Burrell, director of the California Hospital; Joseph A. Hartley of the Braun Corp., Ritz E. Heerman, superintendent of the California Lutheran Hospital and president of the Hospital Council of Southern California; Ray W. Smith, manager of the Downtown Business Men's Association; A. J. Will, superintendent of Los Angeles County Charities, and James E. Shelton. Sixteen members of the board of directors represent hospitals, 32 nonhospital organizations.

"In the week ending Aug. 30," Ziemann asserted, "eight hospitals, which are members of the fund, turned 268 persons away because they did not have beds for them."

These eight hospitals, which have a total of 2036 beds, had 6593 reservations on file when these 268 cases were rejected for lack of facilities, he explained.

"Normally hospitals should not be more than 85 per cent full, so that they will have beds for emergency cases," Ziemann pointed out. "But local hospitals are now filled to 94.2 per cent."

One local hospital, he said, was 107 per cent full, beds being in the aisles and every available space.

W. C. Mullendore, president of the Los Angeles Chamber of Commerce; Bishop Bertrand Stevens of the Episcopal Church and Msgr. Thomas J. O'Dwyer participated in the meeting.

Lanham Grant to Los Angeles County Hospital

Long Beach patients will be included in the 700 cared for in the County General Hospital in the fiscal year 1944-45, maintained through \$588,000 made possible by a Lanham Act grant signed by President Roosevelt, it was announced August 31 by City Prosecutor Albert C. S. Ramsey.

A. J. Will, county superintendent of charities, said that this amount is \$8000 in excess of the total amount received for the previous two years, which means that the Federal contribution towards hospitalization of families of servicemen and war workers, unable to afford private hospitalization, has been more than doubled.

Annual Session of American Hospital Association

Representatives of 3,000 hospitals in the United States and Canada met in Cleveland the week of Oct. 2 for the Third War Conference and 46th Annual Convention of the American Hospital Association.

Hospitals today are bringing comfort and new hope to the sick and the injured in every area of the world, on the battlefields, and beyond in regions of devastation. Community hospitals, too—over 6,500 of them in the United States alone—are giving magnificent service, carrying abnormal loads with staffs drained by the military services and by industry.

The needs of the citizen of the small town, the farmer, the child, and the mental patient, as well as of those served by large general hospitals, were considered in a discussion of the small hospital, public hospitals, children's and mental hospitals.

Volunteer workers have come to play a great part in keeping today's hospital in action. With 52,000 doctors and 50,000 nurses in the armed forces, volunteers have filled rôles from office workers to kitchen assistants to nurses' aides. Dr. Anthony J. J. Rourke, medical director of Leland Stanford University Hospitals in San Francisco, spoke on this subject on Tuesday, October 3.

Internes Granted Salary Increase

On September 5, salaries of internes at the Los Angeles County General Hospital were boosted from \$40 a month to \$60 a month with room and board by the County Supervisors.

Need Candidates for Home Nursing

Five thousand candidates for home nursing certificates must enroll with the Los Angeles Chapter, American Red Cross, if the quota for the year is to be met, it was announced on September 6. Since January 2900 certificates have been issued.

Dr. Lowell S. Goin, president of the California Medical Association, urged all women to enroll for the course, pointing out that this training enables women at home to relieve the pressure on civilian doctors and nurses by giving intelligent care to members of their families who may be ill.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Bubonic Plague

(California's Experiences with the Disease)

"Unknown to most Americans, bubonic plague, the dread Black Death of the Middle Ages, is today entrenched in the United States. The disease has a firm foothold in the Western states and is now spreading eastward into the Mississippi Valley. . . .

"In the United States, however, the plague has taken a new and potentially even more dangerous form, for it is spread by wild rodents such as squirrels, rabbits, chipmunks, prairie dogs, etc. It has also been discovered in burrowing owls (which share the holes of prairie dogs) and hawks. . . .

"Wild rodent plague follows no such cycle; it is everlasting and permanent. Americans will have to learn to live with the plague," warns the nation's foremost plague expert, Dr. Karl F. Meyer of the University of California. And, he adds, the fact that the United States has so far escaped a catastrophic plague epidemic does not indicate that one may not occur some time. . . .

"In the United States the first bacteriologically proved case of plague was discovered in 1900 in San Francisco, though experts think that sporadic cases had existed for several years in North America. . . .

"Then followed one of the most shameful episodes in the history of American public health. San Francisco's business interests and all its newspapers except one flatly denied that the plague existed there. So did California's Governor. So did a group of prominent San Francisco doctors*. . . . (The rôle of rats and fleas in spreading bubonic plague was not discovered until 1904.) . . .

"The handful of physicians who found the plague in San Francisco were personally vilified and bitterly ridiculed in the press. Businessmen censured them as "meddlesome doctors seeking publicity." As a reward for finding plague bacteria, a state bacteriologist was not only discharged but deprived of part of his back salary. The state refused to print plague reports and statistics.

"But the statistics continued to pile up as people in San Francisco's Chinatown died regularly of this supposedly non-existent disease. In 1900 at least 121 known cases appeared, all except six of them fatal; but scores of other cases were unrecognized, concealed by the victim's friends or hushed up by frightened officials. The plague controversy became so violent that President McKinley appointed a commission to dig into the facts. The commission agreed that plague had invaded the city. All of Chinatown was quarantined, and surrounded by ropes and policemen. In 1901, when the plague petered out, many people still believed it had never existed.

"The plague appeared again after the San Francisco fire in 1907. Rats fleeing from Chinatown spread the disease to every quarter of the city. Within six months the incidence of plague among rats tripled. But again business interests and newspapers refused to recognize the epidemic. At last the Federal Government threatened to quarantine the whole city. A public health officer called a meeting of prominent businessmen. 'Probably you do not realize what such a quarantine means,' he said. 'It means that each man in this room, and you are all millionaires, will go broke!' The threat of bankruptcy worked better than the threat of the Black Death. Businesses and the local government reluctantly cooperated to suppress the rats rather than the facts.

"Then health officials made the most tragic discovery of all. Sometime during the years when San Francisco was denying that it harbored the plague, the disease had somehow crossed the bay and infected the ground squirrels in the region south of the Sacramento River. The State began a campaign to exterminate the infected animals. Squirrels were slaughtered until the disease seemed to be almost wiped out among them and by 1920 the antiplague campaign was dropped.

"For a while the plague lay dormant, then in 1933 and 1934 four people died of it. Federal investigators found that California's ground squirrels and other rodents were still widely infected. Then they made the alarming discovery that Oregon, Montana and other states had also been invaded.

"Forty years ago the plague could probably have been driven completely from the United States. Now it is much too late. Too many animals over too wide a territory are infected. Continuous sentry duty against the plague is maintained by the U. S. Public Health Service and several state health departments. Plague hunters regularly scour the West, shooting squirrels, trapping rabbits, digging dead gophers from their burrows. With gloved hands they carefully put their catches into flea-proof bags and take them to their laboratory trucks. There they comb the fleas from the animals and cut out certain organs and tissues. These specimens are sent to the U. S. Public Health Service laboratories at San Francisco, where bacteriologists cautiously examine them for *Bacillus pestis*, the bacteria which cause plague. . . .

"Regions found to be infected with the Black Death are posted with warnings that "sylvatic plague" is present and that residents and visitors should avoid contact with rodents. These warnings are often misunderstood, since not everyone realizes that sylvatic plague is identical with bubonic plague except for the sort of animals which carry it—a distinction important chiefly to epidemiologists. . . .

"Besides its bubonic form, characterized by buboes or swollen lymph glands, usually in the groin, the plague may appear in two other forms, both caused by the same bacteria. These are even harder to identify. One is septicemic plague, in which the bacteria invade the blood stream. The other is pneumonic plague, in which the lungs are the center of infection. The latter is not only the most difficult form of plague to diagnose, since it resembles commoner respiratory diseases, but it is also the most menacing, since it is the only form of plague which can spread without the help of fleas. The victim's breath floods the air with bacteria-filled water droplets which may infect anyone in their path, and a major human epidemic could thus begin without rat carriers. A preview of such a disaster appeared in Oakland, California, in 1919 when an improperly diagnosed case of plague began a series of thirteen cases, all but one of them fatal. Again, in Los Angeles in 1924, an epidemic of pneumonic plague killed thirty out of thirty-two sufferers." . . . —From an article on "Bubonic Plague in America," by Tom S. Hyland in "The American Mercury" for September, 1944.

Northern California Union Health Committee

(Excerpts from Its "News Letter" of September 18, 1944)

Labor Answers Our Plea.—As a result of our appeal to labor unions to support us financially as well as by interest and activity, last week we were notified that:

The Executive Board of the Brotherhood of Locomotive Firemen and Enginemen voted to contribute \$120 per year to the committee's activities as long as we are in existence.

The A.F.L. Piledrivers' Local 34 membership voted to make a monthly donation of \$10 per month.

* For editorial comment and other references, see p. 183.

The A.F.L. Miscellaneous Workers' Local 110 membership voted unanimously to earmark \$150 of their contribution to the War Chest fund for this committee.

That's what we call coöperation.

Young Physicians Want Group Practice.—In returns to a questionnaire distributed by the American Medical Association's Committee on Postwar Medical Service, a majority of physicians now in uniform answered "Yes" to the question of whether or not they would like to become "associated in private practice" with an organized group of physicians. The figure is 54 per cent among the youngest men and 57 per cent in the 35-42 group. This makes it clear that many of our young doctors recognize, through practical demonstration, the trends within medicine which make solo practice no longer either the best or the most economical kind of service for the physician or for the patient. Adjustments between general and specialty practice, moreover, can be worked out within a well-organized group of physicians, since they can readily eliminate the competitive financial tensions among doctors and gaps in service for patients which too often debilitate solo practice today.

C.I.O. Resolutions on Health and Safety.—The State C.I.O. Convention, which met in Los Angeles two weeks ago, makes the following proposals for solution of the most pressing health and medical care problems: 1) Empowering the Surgeon General, with provision of the necessary funds, to commission physicians into the U.S.P.H.S. to be sent to critical areas; 2) Provision by the Veterans' Administration of all necessary medical care and attendant services to all honorably discharged servicemen and women; 3) Enactment of the Wagner-Murray-Dingell Bill, amended to apply to Federal Workers also, to provide an adequate medical plan for the whole population and planned distribution of doctors in metropolitan and rural areas; 4) adequate representation of labor, industry, and the general public in the Procurement and Assignment Service of the War Manpower Commission and in the Veterans' Administration, as well as all other governmental agencies dealing with medical care.

Labor Will Testify at Pepper Hearings.—The Senate Subcommittee on Wartime Health and Education is continuing its hearings on the nation's health, September 17-20. Causes underlying the rejection by Selective Service of nearly 5 million young men for physical and mental reasons will be investigated. Key witnesses will present their proposals as to how to insure the future physical fitness of the nation. Officials of the A.M.A. will have an opportunity to air their views, but it is expected that significant testimony will also be forthcoming from labor. Representing the A.F.L. will be William Green and Robert Watt; from the C.I.O., Philip Murray and U.A.W. Secretary George Addes.

West Coast problems, together with California's long experience with various prepaid medical care plans, were recognized by the invitation extended to both representatives of C.P.S. and labor. Albee Slade, Legislative Director of the L. A. Industrial Union Council, will represent the C.I.O. for California. The N.C.U.H.C. will get a full report of the proceedings from Albee when he returns from Washington and will keep its readers informed.

Symposium on National Medical Care.—Worth noting are these comments of management and public officials on the attainment of health through broadened social security and the development of federally aided programs:

Henry J. Kaiser made this statement in a speech before the United Steel Workers of America last May: "Every worker in America should be able to buy the best in medical service in advance, pay for it on an insurance basis, and enjoy to the full sense of indepen-

dence which will flow from such action. In the vast majority of instances, the hospitals and clinical facilities should be provided by industry; but where this is not possible the government should lend the required funds to enterprise or to individuals who are willing to undertake the responsibilities of organization."

Senator Claude Pepper, in his recent West Coast conferences with medical and labor representatives in Southern California and in San Francisco with the staff of N.C.U.H.C. and Dave Jenkins, member of our Board, indicated that, while we may be a long time in getting a national system of health insurance, the granting of funds to assist existing and rapidly-developing prepayment plans, and to finance a more adequate hospital system is a likely possibility for the immediate postwar period. To assure the best policy in medical and hospital care plans, labor, along with other representatives of the public will want to have a voice in the administration of local plans.

Surgeon General Parran, U.S.P.H.S., in his September 4 speech at the University of California Medical Center, paid tribute to labor and recognized the workers' stake in the nation's health program with this statement: "It is not generally recognized that the labor movement, which has resulted in shorter hours of work, better wages and working conditions, abolition of child labor, and better food and housing for workers' families, has been a powerful factor in raising levels of the national health. Labor, directly and indirectly, has a big stake in the future National health program. Conversely, any sound National health program must be within a dynamic economic system which provides for labor full and fair employment.

"The health program we seek will assure the best of health and medical care to workers and their families as a part of the entire population. It also will create jobs. If we are to provide adequate health care for all our people, many hospitals must be erected and maintained."

Surgeon General Parran proposes an integrated hospital system at the center of which would be the teaching and research facilities, and, in the remote areas, health centers, "the field stations of the future system of public health and medical care." Apparently, the distinction between public and private health is rapidly disappearing.

Parran, too, pointed to the fact that our tremendous needs for more hospitals, medical personnel better distributed, and for spreading the risks of expenditures for illness demand federal subsidy. He added that "each community would be given maximum opportunity to work out its own plan, with its own resources, with assistance from the states and from the Federal Government."

National Health Program—As Proposed by Surgeon General Parran (U.S.P.H.S.)

A national health program to include adequate, inter-related and equitably distributed hospital and medical service, as well as greatly expanded preventive services, sanitary facilities and control of mass diseases, was proposed by Dr. Thomas Parran, Surgeon General, of the U. S. Public Health Service, in a Labor Day address made at the University of California Medical Center, during his recent trip to the West Coast.

Speaking at the invitation of Dr. Robert Gordon Sproul, President of the University, Doctor Parran's address was occasioned by the dedication of the new U. S. Cadet Nurse Corps Residence at the University's School of Nursing.

In detailing the proposed plan for such a National health program the Surgeon General pointed out that it

would be developed gradually, would be operated locally through grants-in-aid, and would be sufficiently diversified to meet the needs of the individual States. It would be publicly supported through insurance, taxation or a combination of both.

"The health program we seek will assure the best of health and medical care to the entire population," Doctor Parran said. "Hospitals today face a broader responsibility than ever before. The hospital of the future should be an instrument of total community health, with the facilities and skills necessary to promote health and prevent disease as well as to treat the sick.

"A number of major elements go into the making of a National health program. As a first step, all available knowledge on the prevention of diseases should be applied in every community. A National health program operating efficiently in every community of the land will bring about a great reduction in the volume of illness.

"Broadened social insurance will advance National health by spreading the cost of illness. Social insurance, however, no matter how complete, does not constitute a National health program. It is only part of it, and contributory toward it.

"It is my belief that there can be evolved in this country a National health program fitted to the diverse social and economic problems throughout the forty-eight states. I do not visualize such a program as entirely socialized or an entirely private undertaking. Rather, it is a combination of both, designed to meet the needs of the American public which increasingly recognizes that a sound and healthful citizenry is essential to meet the tasks of peace no less than the emergencies of war."

State Mental Health Plan

Governor Earl Warren stated on August 31, he would call a special conference in Sacramento to draft a statewide program of therapy and preventive treatment in the field of mental health.

Nearly a score of leaders in neuropsychiatry and public health, state officials and legislators were asked to meet with the Governor on Friday, September 8.

"One of the most important health problems confronting the people of this State and nation is that of mental health," declared Warren in calling the conclave.

"Its magnitude is indicated by the fact the State has over 35,000 beds for the care of mentally ill patients and expends over nine million dollars annually for giving this custodial service," he added.

He pointed out the National Selective Service has found that well over 10 per cent of all selectees examined have been mentally unfit or defective to a degree that it has been necessary to reject them for service in the armed forces.

In addition to state officials, including heads of Department of Institutions, Social Welfare and Veterans' affairs, those expected to attend next week's conference include Dr. Karl Bowman, director of the Langley Porter Clinic; Dr. George Johnson of Stanford University; Dr. Glenn Meyer of Los Angeles and Dr. William P. Shepard, chairman of the Western Branch, U. S. Public Health Association.

New Health Service Department in Fresno

The California State Department of Public Health is establishing a district office in Fresno to serve a large San Joaquin Valley area.

Although primarily assigned to consult with and advise local health officers in Calaveras, Tuolumne, Stanislaus, Mariposa, Merced, Fresno, Tulare and Kings Counties, the staff of specialists will afford direct help whenever necessary.

Such activity, bolstering the endeavors of local agencies, makes for uniform progress throughout the state. A nine county territory will be served in this area branch.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (6)

Alameda County (4)

Dunn, Thomas B., *Oakland*
Littlefield, Ruth B., *Berkeley*
Pedemont, Leo. R., *Oakland*
Small, L. Kendall, *Oakland*

San Diego (1)

Patterson, George W., *San Diego*

San Francisco (1)

Harrison, Harry L., Jr., *San Francisco*

In Memoriam

Crease, Henry George. Died at Pismo Beach, August 15, 1944, age 76. Graduate of the Jefferson Medical College of Philadelphia, Pennsylvania, 1891. Licensed in California in 1901. Doctor Crease was a member of the Kern County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Stratton, George West. Died at Marysville, August 29, 1944, age 79. Graduate of the Missouri Medical College, St. Louis, 1888. Licensed in California in 1888. Doctor Stratton was a member of the Yuba-Sutter-Colusa County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Wilmeth, Ossie Frank. Died at Oakland, August 26, 1944, age 54. Graduate of the Lincoln Medical College, Eclectic, Nebraska, 1916. Licensed in California in 1937. Doctor Wilmeth was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Hoover's Sign.—Among the teachers and practitioners who did much good work in America was Charles Franklin Hoover. He served in this capacity at the Cleveland City Hospital from 1894 to 1907, and was professor of medicine (1907-25) at the Medical College of Western Reserve University. It was during this period (1913-17) that he investigated the ventilatory functions of the diaphragm.—*Warner's Calendar.*

Hick's Sign.—There is no phase of obstetrics or gynecology that John Braxton Hicks did not enrich. Yet his reputation will probably rest for the most part upon his classical papers, especially that "On Combined Internal and External Version," and "On the Condition of the Uterus in Obstructed Labour." Hicks was also the inventor of some useful apparatus, among which was a device for moving patients.—*Warner's Calendar of Medical History.*

† For roster of officers of component county medical societies, see in front advertising section. (To aid in wartime paper conservation, roster is printed on alternate months.)